IDP’s identify the proficiencies necessary and the trainings and development activities provided, and documents progress toward meeting goals necessary to advance to the Professional 2 level. Regular meetings with the employee are recommended, with formal check points at 3, 6, 9, 12 and 18 months.   
***Note: Completion of the training period does not trigger auto-reclassification to the P2 level. Departments must submit a request for reclassification through OACIS and the final effective date of the reclass will be determined based upon the receipt of a complete request.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name:  Click or tap here to enter text. | | Supervisor Name:  Click or tap here to enter text. | | | Department:  Click or tap here to enter text. | | | |
| Current Title (P1):  Click or tap here to enter text. | | Probationary Status Ends:  Click or tap to enter a date. | | | Readiness at the P2 level Demonstrated On:  Click or tap to enter a date. | | | |
| P2 Level Proficiencies (Behavioral, Functional, Technical, etc.: *Demonstrates readiness at the P2 level.*   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. | | | | | | | | |
| **Cmp**  **(#)** | **Development Plan**  List any work assignments and activities that support the development of skills, knowledge & proficiencies required at the P2 level. | | **Expected Outcome**  Describe the successful completion of activities and how proficiency will be demonstrated. | | | Req.-Pass Probation  **(Y/N)** | **Milestone Target Date** | **Achieved**  **Date** |
| **#** | Click or tap here to enter text. | | Click or tap here to enter text. | | | Y/N | Date | Date |
| **#** | Click or tap here to enter text. | | Click or tap here to enter text. | | | Y/N | Date | Date |
| **#** | Click or tap here to enter text. | | Click or tap here to enter text. | | | Y/N | Date | Date |
| **#** | Click or tap here to enter text. | | Click or tap here to enter text. | | | Y/N | Date | Date |
| **#** | Click or tap here to enter text. | | Click or tap here to enter text. | | | Y/N | Date | Date |
| **#** | Click or tap here to enter text. | | Click or tap here to enter text. | | | Y/N | Date | Date |
| **Resources:** List any resources that will be utilized to contribute to development activities.  Click or tap here to enter text. | | | | **Supervisor Notes:**  Click or tap here to enter text. | | | | |
| **Employee Signature: Date:** | | | | **Supervisor Signature: Date:** | | | | |